

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90108 027 ****50.00

DOCUMENT # L05000110085	
1. Entity Name FAITH CONTEMPORARY CONSTRUCTION CO., LLC	

Principal Place of Business 7617 SW 157 LANE LAKE BUTLER, FL 32054	Mailing Address 7617 SW 157 LANE LAKE BUTLER, FL 32054
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2. Principal Place of Business - No P.O. Box # 18349 Charlotte Ave.	3. Mailing Address P.O. Box 188
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Brooker, FL	City & State Brooker, FL
Zip 32622	Country USA
Country USA	Zip 32622

6. Name and Address of Current Registered Agent	
ROBERTSON GROUP, PL 5216 SW 91 DRIVE GAINESVILLE, FL 32608	

06082007	Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-3785700	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.)	
DATE _____	

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, TAMMY L 7617 SW 157 LANE LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, BOBBY E 7617 SW 157 LANE LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Tammy L. Adams</u>	6.8.07	386.496.4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
<u>Tammy L. Adams</u>		